# HIV Training for Federal Court Managers, Supervisors, and General Staff

## A Training Development Guide



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## HIV Training for Federal Court Managers, Supervisors, and General Staff

#### A Training Development Guide

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## **Developing HIV Training for Federal Court Employees**

This HIV training development guide is designed to help federal court staff work with local training consultants to develop and implement two types of education programs: one for court managers and supervisors, and one for general staff. The guide contains background information on HIV, course outlines, overhead masters, and handouts. Print and media resources and sources of further information are provided. Using this guide as a model and a resource, you should be able to work effectively with consultants in your area to produce a training program that meets the needs of your court's staff.

A separate guide is available for federal court staff to use to develop training for probation and pretrial services officers.

#### Why Teach About AIDS in the Federal Courts?

Since 1981, more than 253,000 cases of Acquired Immunodeficiency Syndrome (AIDS) have been reported to the Centers for Disease Control (CDC). The CDC has estimated that there are more than 1 million Americans already infected with Human Immunodeficiency Virus (HIV), the virus that causes AIDS, and that as many as 50,000 more are infected each year.

Although there are still unanswered questions related to AIDS, a great deal is known about the syndrome and the virus that causes it. All people are potentially at risk of getting AIDS. However, the virus is transmitted in a limited number of ways, and there are simple precautions that people can take to protect themselves and others.

AIDS training can reduce anxieties about contracting the virus in the workplace. Unless one is in contact with blood or blood products, one's risk of contracting the virus in the workplace is practically nonexistent. Employees are at far more risk from behaviors they may engage in during their time away from work. The training is designed to counter myths about casual transmission and provide staff with information they need to protect themselves off the job. Managers and supervisors need information about HIV so that they can base decisions on facts rather than misconceptions.

Many courts have already encountered AIDS in the workplace. The earlier you begin a program to inform and educate your management and staff about HIV, the better prepared you will be to deal with it effectively and appropriately should the need arise.

#### **Working with Training Consultants**

Finding the right trainer or trainers is one of the most important aspects of planning an HIV training program. The resources section lists the addresses and phone numbers of federal, state, and community AIDS organizations. These agencies can help you locate an appropriate trainer in your region. The American Red Cross AIDS Education Office in Washington, D.C., may be particularly helpful in this regard. Many of these agencies provide training programs and supplementary educational materials for a fee. Another potential source of information and assistance is the AIDS resource person in your district's probation office.

You should begin by talking to others who have done HIV training in their organizations, including people in other court units or government agencies in your area. Throughout the country, there are consultants and trainers who regularly do HIV training. Some provide training free or for reduced fees as a public service. As part of your selection process, you should speak to a trainer's former clients, and ask them what they did and didn't like about their training programs. If possible, you should attend an actual training program that the trainer you are considering is doing in your area.

In addition to being knowledgeable about AIDS and the most recent developments in the field, trainers must be flexible and sensitive to the needs of their audience. Trainers must be honest, objective, and aware of their own prejudices and biases, and they must be able to talk honestly and easily about sex, sexuality, sexual orientation, drug addiction, injection drug use, recovery and relapse, grief, loss, and death and dying. In your preliminary discussions with potential trainers, you should gauge their readiness to deal effectively with these issues. Trainers should also be familiar with the law and management practices regarding HIV.

Work closely with any trainer you are considering. Discuss the kind of training you are looking for and the nature of the audience: who will attend, their attitudes and level of knowledge about the topic, special issues they may need to know more about. Give a copy of this guide to the trainer as an example of the kind of training you are looking for. Using the guide as a model, you and the trainer can modify the training to suit your court's needs. You should also take some time to educate the trainer about the federal courts.

Several learning activities are listed in the guide that you may want to consider for your training. Most trainers also use activities of their own. Ask the trainers what activities they plan to use for your training program. You should use a variety of approaches. Some learning exercises and activities on HIV may offend some members of an audience if they are not handled professionally, so you should talk with the trainer about audience sensitivities.

Ask the trainers what visuals they plan to use. Overhead transparency masters, which you can copy onto transparency film, are provided. Encourage trainers to supplement the presentation with other suitable overheads or slides. You should review such materials to assure that the content is relevant and the text is simple, large, and legible.

You can build on the strengths of two or more trainers by having them teach different portions of the training. In this case, it is advisable to have a planning meeting with all the trainers, so that everyone knows what will be covered and by whom. Ask trainers to attend the entire training program, rather than only the portions that they teach.

#### **Management Support**

The experience of those in the business world who have undertaken AIDS education in the workplace indicates that training is most successful when it is supported wholeheartedly by upper-level management. The same is true for the federal court system. Top-level managers should be involved from the beginning in the development and implementation of your training program. To secure management support, it will be helpful for you to meet with the clerk of court or other top managers in your unit to discuss the content of the training, the reasons for including sensitive issues, and how you intend to deal with such issues. It is an excellent idea to invite top management to attend

all HIV training programs, and make some opening remarks as a way of showing support and lending credibility to the program. You may also want to ask your top administrator to sign the training invitations sent to participants.

#### Taking a Comprehensive Approach

To be fully successful, training should be part of an ongoing strategy for dealing with HIV. You can provide updates by showing educational videotapes in a series of "brown bag" lunches. (Titles available from the FJC Media Library are listed in the resources section.) Brochures and other print materials can be made available in the workplace. Inhouse newsletters and health bulletins can be used to provide updates on recent developments and sources of assistance. Finally, management may want to develop a written HIV policy and share it with court staff.

This guide and the guide for probation and pretrial services officers will assist you in planning a comprehensive program of HIV education and training for the entire court family.

#### Training for Court Managers and Supervisors

Dealing with HIV and AIDS in the workplace presents challenges for managers and supervisors. These challenges include providing information about the disease and its prevention to court staff in a timely and ongoing fashion, dealing fairly with employees who have AIDS, managing questions and concerns of other staff members, making reasonable accommodations to maintain productivity, and developing and communicating an effective HIV policy.

Because of medications to prevent and treat opportunistic infections, many people with AIDS are experiencing an enhanced quality of life, remaining on the job, and going about their daily lives. Managers and supervisors need to be well informed about HIV so that they can deal effectively with employees' needs and maintain a fair and productive workplace environment.

Managers and supervisors should be aware of various kinds of community-based AIDS service organizations. The resource list in this guide is a good starting point. There also may be times when managers and supervisors need professional support in dealing with AIDS in the workplace. Some of the agencies listed provide such professional support.

Although this course deals with AIDS and HIV specifically, many of the issues addressed are relevant to other illnesses as well. Dealing fairly with sick employees, making reasonable accommodations, and maintaining a productive work environment are issues with wider application.

#### **HIV Policy Issues**

State laws and local policies regarding HIV vary from district to district. Some districts already have specific written policies regarding HIV, and other districts deal with HIV by applying a general policy on life-threatening illness. Many districts do not have a specific HIV policy. A trainer should develop a program taking into account the HIV policy of each district.

Since it is up to management to establish policy, the staff person in charge of training should discuss with the unit executive (the clerk of court or the chief probation or pretrial services officer) how best to deal with policy issues. For instance, if your district has an effective policy in place, the training can be used to explain and reinforce the policy and answer questions about it. Alternatively, the training can be used as a starting point for formulating a new policy or improving an existing one. The videotape in unit two of the course outline for court managers and supervisors discusses what other organizations have included in their HIV policies. (These policy elements are also summarized in the unit outline.) Two policies from different types of organizations are included in Handout C as examples to consider in developing or refining your own court's policy.

#### **Training for General Staff**

There is a strong possibility that people working in the court system are eventually going to encounter someone with AIDS in the workplace. Discussing the facts and the myths about HIV helps allay employees' anxieties about contracting AIDS through casual contact in the workplace. Providing accurate, up-to-date information about transmission, prevention, and treatment enables employees to accurately gauge their risks.

It has been demonstrated that education about HIV is an effective tool in preventing its spread. When employees are provided with accurate information and are able to air their fears and concerns, costly disruptions may successfully be avoided.

## Glossary of Terms\*

This glossary is reprinted with permission from a guide for the media.\* It defines and clarifies several common terms and suggests alternatives for terms that commonly result in misperceptions.

AIDS Acquired Immune Deficiency Syndrome. Although AIDS is still

not completely understood, we know it is an infectious transmissible disease in which the body's immune system is damaged in varying, often progressing, degrees. As a result, persons with AIDS are vulnerable to a number of serious, often fatal, secondary or "opportunistic" infections and cancers.

AIDS-Related Complex (ARC) This term was introduced by physicians in 1983 to characterize the intermediate stage of HIV infection—beyond asymptomatic but short of meeting the criteria for AIDS determined by the Centers for Disease Control. (Since the 1993 redefinition of AIDS, the term *ARC* is less commonly used.)

**AIDS carrier** Do not use. If someone tests positive for HIV antibodies, it means

that he or she has been exposed to the virus that causes AIDS. Many people have been HIV antibody positive (seropositive) for years without developing AIDS or AIDS-Related Complex (ARC). The phrase "AIDS carrier" dehumanizes people who are antibody positive and can easily be misinterpreted as implying that AIDS,

like typhoid, is casually transmitted by "carriers."

AIDS victim Do not use. Individuals diagnosed with AIDS prefer to be

identified as people with AIDS (PWAs). "Victim" implies a passive helplessness in the face of the disease, the opposite of how many PWAs face their illness. PWAs also prefer to be described as

"living with AIDS" instead of "dying from AIDS."

**Bodily fluids** This term should never be used without an explanation of which

bodily fluids contain the HIV virus in concentrations sufficient to transmit the disease. Sweat, saliva and tears are all bodily fluids, but do not carry a threat of HIV infection. Reports on AIDS should make it clear that semen, vaginal fluids, and blood are the bodily

fluids known to be capable of transmitting HIV.

**Condoms** Reports recommending condom use to reduce the risk of HIV

exposure should clearly state that latex condoms should be used,

not "natural" lamb condoms.

**General population** Do not use. This term artificially divides the American people into

"us" (middle class, mostly white, heterosexuals) and "them" (ghetto residents, IV drug users, gay men). People with AIDS—regardless of their sexual orientation, race, gender or how they were exposed to the virus—are part of the general population.

<sup>\*</sup> Adapted with permission from *Media Guide to the Lesbian and Gay Community*, 1990, Gay and Lesbian Alliance Against Defamation.

#### High risk groups

Do not use. Use "high risk behavior" instead. Demographic traits do not put people at risk for AIDS; particular forms of conduct (unsafe sex and IV drug use) do.

#### HIV

HIV infection is not the same thing as AIDS or ARC, which denote conditions characterized by having certain severe (AIDS) or less severe (ARC) symptoms of HIV infection. Hundreds of thousands of people who have been exposed to HIV have not, and may not, develop ARC or AIDS, particularly if their condition is monitored and treated with drugs that are increasingly available for that purpose.

#### **Innocent victim**

Do not use. Sometimes applied to children with AIDS or those who contracted AIDS through blood transfusions, this term contains a value judgment that others with AIDS are guilty of something.

## Intimate sexual contact

This polite phrase doesn't tell the reader anything useful, since many people regard kissing and fondling as intimate. "Having sex" is another vague term with the same problem. Certain sexual practices—especially unprotected anal intercourse—are known to pose a much greater chance of HIV transmission than others.

## **Program Outlines**

The following pages outline learning objectives, content, and activities for a three-hour training program for managers and supervisors and a two-hour program for general staff.

Managers	and	Sur	ervisors
		~	

- I. Introduction (15 minutes)
- II. AIDS in the Workplace (75 minutes)

Break (10 minutes)

- III. HIV Disease (40 minutes)
- IV. Psychosocial Aspects (40 minutes)

#### **General Staff**

- I. Introduction (15-30 minutes)
- II. HIV Disease (40 minutes)

Break (15 minutes)

III. Psychosocial Aspects (40 minutes)

## **Program for Court Managers and Supervisors**

### I. Introduction

#### 15 minutes

#### **Objectives**

When this section is completed, participants will be able to

- identify aspects of HIV that they find confusing
- identify and discuss their perceptions and feelings about HIV and AIDS

#### **Content Outline**

- Assessment of what participants already know about HIV
  - 1. Ask participants to share what they have heard about HIV and discuss their responses.
  - 2. Ask participants to list the aspects of HIV that they find confusing and that they would like the trainer to review during the session. Let them know how you will address these aspects during the training.
- B. Examination of participants' concerns
  - 1. Acknowledge that HIV makes many people uncomfortable and that fear is a genuine response.
  - 2. Acknowledge that participants may be fearful about the consequences of their own risky behaviors.
  - 3. Ask the group what their concerns are about working with someone who has HIV or AIDS.

#### C. Reassurance

- 1. Remind participants that there are a limited number of ways in which HIV has been documented to have been transmitted.
- 2. Remind participants that it is necessary for infectious blood, semen, or vaginal fluid to get from one person's body into the bloodstream of another person for transmission to occur.
- 3. Remind participants that there have been no documented cases of transmission of HIV due to casual contact.

#### **Suggested Activity: Needs Assessment Icebreaker**

Part A of the content outline for this unit can be presented in the form of an icebreaker activity. Go around the room and ask participants to introduce themselves and name one thing that they want to learn about during the training. Write their responses on a flip chart. Once all the responses have been put on the flip chart, go through the list and explain how each item will be addressed in the training. Identify any items that are beyond the scope of the day's training and suggest alternative resources if possible.

This activity helps you gauge the level of knowledge and specific interests of the audience. You can close the training program by returning to the participants' list and reviewing the items that you have covered.

## II. AIDS in the Workplace

## 75 minutes

#### **Objectives**

When this section is completed, participants will be able to

- discuss the issue of confidentiality regarding an employee's HIV status
- evaluate workplace HIV policies
- respond to employees' concerns about working with colleagues affected by HIV
- identify actions that could constitute discrimination on the basis of a disability

#### **Content Outline**

- A. Pass out the AIDS Issues Worksheet (Handout A). Ask participants to fill it out, assuring them that this is a purely a self-awareness exercise, and they will not be "graded." (Allow about 5 minutes.)
- B. Introduce and show the videotape AIDS: The Workplace and the Law.

[Trainer's note: This 37-minute videotape is available from the FJC Media Library. Order at least six weeks in advance, and inform the library that you will be using the tape for a training program on a specific date. If it is unavailable from the Media Library, request a training copy directly from the Court Education Division by calling Mark Whitesides at 202-273-4104.]

C. Discuss the items on the AIDS Issues Worksheet. Ask participants to discuss each item in terms of what they thought before and after viewing the videotape. Use Handout B: *AIDS Issues: Feedback* for guidance in giving feedback on the answers from the worksheet. Handout B may be distributed to participants after the discussion.

[Trainer's note: If the videotape is unavailable, or you choose not to use it, this material can be presented in a discussion format.]

#### Discussion points:

- 1. AIDS is not transmitted through casual contact.
- 2. Appropriate and inappropriate management actions with respect to an employee with AIDS.
- 3. Appropriate and inappropriate reasons for firing or transferring an employee with AIDS.

- D. Discuss the how the Americans with Disabilities Act (ADA) pertains to HIV.
  - 1. Describe the purpose of the ADA.
  - 2. Although the federal judiciary is exempted from the ADA, it is advisable to abide by the spirit of the act.
- E. Review the concept of reasonable accommodation.
  - 1. Define reasonable accommodation. (See Overhead A).
  - 2, Give examples of reasonable accommodation. (See Overhead B):
    - restructure job
    - provide special equipment
    - modify work schedules
    - provide specialized help for particular job duties the person has trouble performing
  - 3. Use the Suggested Activity in this section (see below) to create a list of HIV-related workplace concerns and various ways to address them through reasonable accommodation.
- F. Review with participants the elements of an effective HIV policy that were mentioned in the videotape. List them on the flip chart and discuss them. Common elements in organizational policies are\*
  - 1. A statement that employees will be allowed to work as long as they are able and they are not a threat to themselves or others.
  - 2. A statement that the goal of the policy is to protect the health of all employees.
  - 3. Resources offered by the employer, including education and training, referral to outside agencies, counseling, or benefits counseling.
  - 4. Guidelines for managers and supervisors regarding confidentiality, transfer requests (by the infected individual or by co-workers), and examples of what reasonable accommodation might be offered to an infected employee.

[Trainer's note: Policies may vary from district to district. Be sure to coordinate with your top management before discussing policy in this training program. If your district already has a policy, this

<sup>\*</sup> The following points have been adapted from p. 4 of the Leader's Guide/Participant's Workbook that accompanies the videotape AIDS: *The Workplace and the Law*. Cited with permission of MTI Film & Video, Deerfield, Ill.

section of the training may be used to explain that policy or consider whether changes are needed. If you do not yet have a policy, your top management may want to take advantage of this opportunity to discuss with the other managers and supervisors the merits of developing such a policy.]

G. (Optional—To be done only with the endorsement and participation of top management.) Discuss steps that your organization could take to develop a more effective HIV policy. (In the interest of time, you may need to omit this discussion now and refer it to a committee.)

#### 10-minute break

The trainer can augment the presentation of this section by using one or more of the following overhead transparencies or handouts:

- Overhead A: Reasonable Accommodation
- Overhead B: Examples of Reasonable Accommodation
- Handout A: AIDS Issues Worksheet
- Handout B: AIDS Issues: Feedback
- Handout C: Sample HIV Policies

#### **Suggested Activity: Problem Solving Discussion**

The purpose of this activity is to get the entire group involved in a problem-solving discussion. Ask the participants to imagine that they have an employee who is HIV-positive or has AIDS. Ask them to think about the work that this employee does, and how they interact with this person. What impact would having an employee with HIV or AIDS have on them?

Ask the participants to list potential problems. For example, the employee might need to take time off frequently to keep medical appointments or to take care of someone at home who is ill. The employee might tire easily, leave early or come in late on a regular basis, or come down with an opportunistic infection and need to recuperate at home for three or four weeks. It sometimes happens that one or more people in the office will cover for others who are having personal problems. Although this may be done with the best of intentions, people may gradually come to resent the extra work it causes for them.

Ask the participants to consider the potential problem situations they have identified. Ask them to generate a list of possible solutions and measures that could be taken to deal with the problems. You may want to ask them to think of both proactive and reactive solutions, that is, things that are done to prevent problems from arising in the first place, and things that are done to deal with a problem that has already occurred.

Items in the proactive category might include developing an HIV policy and mounting an education program for staff. In the reactive category, an employee who needs to take time off frequently might be assisted by something as simple as working on a flexible schedule. Perhaps time could be made up at night or on weekends. The employee who tires easily or who suffers from fatigue may find it helpful to schedule a daily nap in the nurse's office or another convenient place at work. The person who requires several

weeks at home to recuperate from an illness might be willing and able to do some work at home.

Making these accommodations for a person with AIDS should be done in a routine way, just as would be done for an employee with cancer, diabetes, or a heart condition. Making accommodations is only part of the process. The situation must be evaluated periodically to see whether or not the solution is still viable. Questions dealing with the employee's performance, the employee's desire to continue to work, and co-worker reaction must also be considered.

At a certain point, the supervisor and the employee may agree that it is in the best interests of all concerned for the employee to transfer to long-term disability. In some cases, the supervisor and the employee may disagree about whether the employee is still able to perform the job adequately. Problems related to job performance should be carefully documented by the supervisor.

## III. HIV Disease

#### 40 minutes

#### **Objectives**

When this section is completed, participants will be able to

- list three documented ways by which viral transmission occurs
- list several myths of transmission
- explain the meaning of test results
- explain how to prevent HIV transmission
- list local sites for testing and support services

#### **Content Outline**

- A. Immune system
  - 1. Discuss how HIV attacks the body's immune system.
  - 2. Discuss the role of antibodies.
  - 3. List the symptoms of HIV.
  - 4. Define opportunistic infection and list the main types.
- B. Exposure v. infection
  - 1. Define exposure as an opportunity for HIV to enter the body.
  - 2. Explain that infection occurs when the virus has actually entered the body, invaded a living cell, and begun to multiply.
  - 3. Explain that, although it is possible to be exposed to the virus many times and never become infected, it is also possible to be exposed only once and become infected.
- C. Modes of transmission
  - 1. Discuss the advantages of defining risk in terms of risky behaviors rather than risk groups.
  - 2. Discuss how HIV can be transmitted through blood and blood products.
  - 3. Discuss how HIV can be transmitted sexually.

4. Explain how HIV can be transmitted during pregnancy or at birth.

#### D. Myths of transmission

- 1. Explain why HIV is not transmitted through casual contact, sharing office equipment, and so forth.
- 2. Discuss why HIV is not transmitted through sweat, saliva, tears, or urine.
- 3. Explain why mosquitoes and other insects cannot transmit HIV.

#### E. Aspects of treatment for HIV and AIDS

- 1. Explain how the antivirals disrupt the replication of the virus.
- 2. Discuss the need for immuno-modulators to restore the immune system.
- 3. Explain how antibiotics combat various opportunistic infections.

#### F. Testing

- 1. Discuss the purpose of HIV antibody tests.
- 2. Explain how the ELISA and Western Blot tests work.
- 3. Explain the meaning of test results:
  - positive
  - negative
  - indeterminate
- 4. Discuss the difference between anonymous and confidential testing.

#### G. Prevention techniques

- 1. Discuss abstinence as a means of preventing the spread of HIV.
- 2. Discuss the role of barriers, such as condoms and dental dams.
- 3. Discuss alternatives to penetrative sex.
- 4. Discuss the use of condoms.
  - Explain the importance of using latex rather than lambskin condoms.

- Explain how to store condoms properly.
- Explain the role of the spermicide nonoxynol 9 in HIV prevention.
- Explain how to use a condom properly.
- H. Resources available in your district
  - 1. Testing sites
  - 2. Counseling and support agencies

The consultant may wish to augment the presentation by making use of one or more of the following overhead transparencies or handouts:

- Overhead C: 1993 U.S. AIDS Definition
- Overheads D and E: HIV Antibody Tests and Test Results
- Overhead F: HIV Spectrum Disease
- Overhead G: Modes of HIV Transmission
- Overhead H, I, and J: Myths of HIV Transmission

#### **Suggested Activity: Role-Play Exercise**

Ask one of the participants to play the role of a staff person who tested positive for HIV about two weeks ago. This employee is frightened and upset, and the quality of his or her work is suffering. The employee is concerned about his or her prospects for continued employment and goes to the supervisor for help and advice. Have a second participant play the role of this person's supervisor.

Lead the group in a discussion of how the supervisor handled the situation. Is there anything that might have been done differently? The following are some discussion questions:

- What job related problems connected with this employee's situation can you anticipate? What solutions to these problems might you suggest?
- What kinds of assistance from the federal court system are available to this employee?
- What additional resources in the community can you offer the employee?
- Is this employee willing to be open about his or her HIV status with fellow workers? If so, how will you handle the concerns of the fellow workers? How would you answer questions about how the person became infected?
- What other potential workplace problems are there?

## IV. Psychosocial Aspects

## 40 minutes

#### **Objective**

When this section is completed, participants will be able to

- discuss some common psychosocial aspects of various stages of HIV
- respond to requests for assistance in coping with HIV

#### **Content Outline**

- A. Psychosocial aspects of testing
  - 1. Test anxiety
  - 2. Assessing personal risks
  - 3. Possible loss of medical and life insurance based on a positive test result
  - 4. Fear of discrimination based on a positive test result
- B. Psychosocial aspects of asymptomatic HIV infection
  - 1. Denial as a coping mechanism
  - 2. Feelings of shock, anxiety, grief, anger, and depression, and possible thoughts of suicide
  - 3. The need to obtain early intervention and primary care
  - 4. Finding a support network
- C. Psychosocial aspects of symptomatic HIV infection
  - 1. Anticipatory grief
  - 2. Stigma and guilt
  - 3. Changing financial needs
  - 4. Changes in relationships with family and friends
- D. Psychosocial aspects of chronic illness
  - 1. Anticipatory grief
  - 2. Ongoing losses

- 3. Feelings related to physical impairment and disfigurement
- 4. Feelings of dependency, isolation, and uncertainty
- 5. Pain management
- E. Psychosocial aspects of preparing for death
  - 1. Legal considerations (wills, power of attorney, living wills, medical power of attorney, and guardianship of children)
  - 2. Saying good-bye to colleagues, family, and friends

The consultant may wish to augment the presentation by making use of one or more of the following handouts:

- Handout D: Medical and Psychosocial Aspects of HIV
- Handout E: HIV-Associated Dementia Complex
- Handout F: Coping with HIV
- Handout G: HIV Standard of Care

#### **Suggested Activity: Panel Discussion**

An alternative to presenting this unit in lecture format is to invite a panel of people who have AIDS or have been affected by it in other ways (such as managers who have dealt with AIDS in the workplace) to address the group and answer questions. This can be an extremely effective teaching method.

Many communities have HIV service organizations that include a speakers' bureau composed of volunteers who speak to schools, corporations, and other organizations. Inquire whether such a bureau exists in your area. Speak in person to prospective panel members. Describe your training audience's attitudes and level of awareness about HIV. Talk to prospective panel members about their experience with HIV and speaking about it to groups. Try to gauge how effectively they will be able to connect and communicate with your audience.

#### Conclusion

To conclude the training, return to the list of concerns that the participants voiced in the introductory section. Review their concerns as they relate to what has been covered in the day's training. Try to address any unanswered questions, or refer participants to sources of further information listed in this guide.

The training for managers and supervisors is part of a comprehensive program of HIV training for the entire court family. There are two other courses: one for general staff (included in this guide), and one for probation and pretrial services officers (available as a separate guide). The training for managers and supervisors should precede the other two. Take the opportunity now to review briefly for the managers and supervisors the content of the other two courses, to prepare them to deal with questions and concerns raised by their staff.

## **Program for General Court Staff**

#### I. Introduction

#### 15 to 30 minutes

#### **Objectives**

When this section is completed, participants will be able to

- identify aspects of HIV that they find confusing
- identify and discuss their perceptions and feelings about HIV and AIDS

#### **Content Outline**

- Assessment of what participants already know about HIV
  - 1. Ask participants to share what they have heard about HIV and discuss their responses.
  - Ask participants to list the aspects of HIV that they find confusing and that they would like the trainer to review during the session. Let them know how you will address these aspects during the training.
- B. Examination of participants' concerns
  - 1. Acknowledge that HIV makes many people uncomfortable and that fear is a genuine response.
  - 2. Acknowledge that participants may be fearful about the consequences of their own risky behaviors.
  - 3. Ask the group what their concerns are about working with someone who has HIV or AIDS.

#### C. Reassurance

- 1. Remind participants that there are a limited number of ways in which HIV has been documented to have been transmitted.
- 2. Remind participants that it is necessary for infectious blood, semen, or vaginal fluid to get from one person's body into the bloodstream of another person for transmission to occur.
- 3. Remind participants that there have been no documented cases of transmission of HIV due to casual contact.

D. (Optional) Introduce and show the videotape *Fact Vs. Fear: AIDS in the Workplace*. (This videotape is 13 minutes long.)

[Trainer's note: This videotape is available from the FJC Media Library. Order at least six weeks in advance, and inform the library that you will be using it for a training program on a specific date.]

#### **Suggested Activity: Needs Assessment Icebreaker**

Part A of the content outline for this unit can be presented in the form of an icebreaker activity. Go around the room and ask participants to introduce themselves and name one thing that they want to learn about during the training. Write their responses on a flip chart. Once all the responses have been put on the flip chart, go through the list and explain how each item will be addressed in the training. Identify any items that are beyond the scope of the day's training and suggest alternative resources if possible.

This activity helps you gauge the level of knowledge and specific interests of the audience. You can close the training program by returning to the participants' list and reviewing the items that you have covered.

## **II. HIV Disease**

#### 40 minutes

#### **Objectives**

When this section is completed, participants will be able to

- · list three documented ways by which viral transmission occurs
- list several myths of transmission
- explain the meaning of test results
- explain how to prevent HIV transmission
- list local sites for testing and support services

#### **Content Outline**

- A. Immune system
  - 1. Discuss how HIV attacks the body's immune system.
  - 2. Discuss the role of antibodies.
  - 3. List the symptoms of HIV.
  - 4. Define opportunistic infection and list the main types.
- B. Exposure v. infection
  - 1. Define exposure as an opportunity for HIV to enter the body.
  - 2. Explain that infection occurs when the virus has actually entered the body, invaded a living cell, and begun to multiply.
  - 3. Explain that, although it is possible to be exposed to the virus many times and never become infected, it is also possible to be exposed only once and become infected.
- C. Modes of transmission
  - 1. Discuss the advantages of defining risk in terms of risky behaviors rather than risk groups.
  - 2. Discuss how HIV can be transmitted through blood and blood products.
  - 3. Discuss how HIV can be transmitted sexually.

4. Explain how HIV can be transmitted during pregnancy or at birth.

#### D. Myths of transmission

- 1. Explain why HIV is not transmitted through casual contact, sharing office equipment, and so forth.
- 2. Discuss why HIV is not transmitted through sweat, saliva, tears, or urine.
- 3. Explain why mosquitoes and other insects cannot transmit HIV.

#### E. Aspects of treatment for HIV and AIDS

- 1. Explain how the antivirals disrupt the replication of the virus.
- 2. Discuss the need for immuno-modulators to restore the immune system.
- 3. Explain how antibiotics combat various opportunistic infections.

#### F. Testing

- 1. Discuss the purpose of HIV antibody tests.
- 2. Explain how the ELISA and Western Blot tests work.
- 3. Explain the meaning of test results:
  - positive
  - negative
  - indeterminate
- 4. Discuss the difference between anonymous and confidential testing.

#### G. Prevention techniques

- 1. Discuss abstinence as a means of preventing the spread of HIV.
- 2. Discuss the role of barriers, such as condoms and dental dams.
- 3. Discuss alternatives to penetrative sex.
- 4. Discuss the use of condoms.
  - Explain the importance of using latex rather than lambskin condoms.

- Explain how to store condoms properly.
- Explain the role of the spermicide nonoxynol 9 in HIV prevention.
- Explain how to use a condom properly.
- H. Resources available in your district
  - 1. Testing sites
  - 2. Counseling and support agencies

The consultant may wish to augment the presentation by making use of one or more of the following overhead transparencies or handouts:

- Overhead C: 1993 U.S. AIDS Definition
- Overheads D and E: HIV Antibody Tests and Test Results
- Overhead F: HIV Spectrum Disease
- Overhead G: Modes of HIV Transmission
- Overhead H, I, and J: Myths of HIV Transmission

#### **Suggested Activity: Role-Play Exercise**

Ask participants to play the roles of two friends. One of them is considering taking the HIV antibody test and is worried about some past behaviors and confused about various aspects of the test. (Participation should be voluntary.)

After the role-play, conduct a discussion of the range of issues that one who is considering being tested for antibodies to HIV must consider. Some of the issues that might surface for people include the following:

- Does the person understand the test and what the results mean?
- Has the person considered what they might do if they learn that their results are positive?
- Who will accompany the person to the test site for the pre-test counseling session?
- Who will accompany the person back to the test site for the test results?
- What support does the person have in place for the period between testing and obtaining the results?
- If the test results are positive, will the person be willing to share the test results with sex and/or needle sharing partner(s)?

## **III. Psychosocial Aspects**

## 40 minutes

#### **Objective**

When this section is completed, participants will be able to

discuss some common psychosocial aspects of various stages of HIV

#### **Content Outline**

- Psychosocial aspects of testing
  - 1. Test anxiety
  - 2. Assessing personal risks
  - 3. Possible loss of medical and life insurance based on a positive test result
  - 4. Fear of discrimination based on a positive test result
- B. Psychosocial aspects of asymptomatic HIV infection
  - 1. Denial as a coping mechanism
  - 2. Feelings of shock, anxiety, grief, anger, and depression, and possible thoughts of suicide
  - 3. The need to obtain early intervention and primary care
  - 4. Finding a support network
- C. Psychosocial aspects of symptomatic HIV infection
  - 1. Anticipatory grief
  - 2. Stigma and guilt
  - 3. Changing financial needs
  - 4. Changes in relationships with family and friends
- D. Psychosocial aspects of chronic illness
  - 1. Anticipatory grief
  - 2. Ongoing losses
  - 3. Feelings related to physical impairment and disfigurement

- 4. Feelings of dependency, isolation, and uncertainty
- 5. Pain management
- E. Psychosocial aspects of preparing for death
  - 1. Legal considerations (wills, power of attorney, living wills, medical power of attorney, and guardianship of children)
  - 2. Saying good-bye to colleagues, family, and friends

The consultant may wish to augment the presentation by making use of one or more of the following handouts:

- Handout D: Medical and Psychosocial Aspects of HIV
- Handout E: HIV-Associated Dementia Complex
- Handout F: Coping with HIV
- Handout G: HIV Standard of Care

#### **Suggested Activity: Panel Discussion**

An alternative to presenting this unit in lecture format is to invite a panel of people who have AIDS or have been affected by it in other ways (such as family members or coworkers of people with AIDS) to address the group and answer questions. This can be an extremely effective teaching method.

Many communities have HIV service organizations that include a speakers' bureau composed of volunteers who speak to schools, corporations, and other organizations. Inquire whether such a bureau exists in your area. Speak in person to prospective panel members. Describe your training audience's attitudes and level of awareness about HIV. Talk to prospective panel members about their experience with HIV and speaking about it to groups. Try to gauge how effectively they will be able to connect and communicate with your audience.

#### Conclusion

To conclude the training, return to the list of concerns that the participants voiced in the introductory section. Review their concerns as they relate to what has been covered in the day's training. Try to address any unanswered questions, or refer participants to sources of further information listed in this guide.

## **Overhead Transparency Masters**

In this section, we provide a set of masters for overhead transparencies that you may want to use in your training. These masters can be photocopied onto transparency film. The training consultant(s) may also have transparencies that can be used. To help you use the transparencies provided here, an explanatory sheet is included for each one. We suggest that participants be given copies of the transparencies as handouts to help them follow the trainer's presentation. Loose copies of all overhead transparency masters and handouts are provided with this training guide to make photocopying easier.

One of the most common problems in professional presentations is overhead transparencies that are illegible because the print is too small or the slide is overcrowded with text. The transparencies that we have provided here were developed as examples of what a transparency should look like: there should be a few key words; large, legible print; and no more than about five points on each transparency. Ask your training consultants to conform to the same standards of legibility. It is a good idea to review the consultant's transparencies before the training and request modifications if needed. A page of typewritten text should not be copied for use as a transparency.

#### Overheads A and B: Reasonable Accommodation

Although such legislation as the Americans with Disabilities Act (1992) does not apply specifically to the federal judiciary, it is generally deemed good management practice to abide by the spirit of such laws. One of the central concepts of managing employees with disabilities of whatever sort is that of reasonable accommodation. This means that the employer will attempt to provide disabled employees with conditions that will enable them to perform their duties adequately. What is "reasonable" is open to interpretation, but it does suggest that employers, although not obliged to take extraordinary measures or go to extreme expense, should do whatever is reasonably within their power to accommodate the employees' needs. The two transparencies on this topic present some guiding principles and examples of reasonable accommodation.

### Reasonable Accommodation

Change in work environment that permits a disabled person to:

- Be considered for a job
- Enjoy equal benefits and privileges
- Perform essential job functions

### Reasonable Accommodation

### Examples:

- Restructure job
- Provide special equipment
- Modify work schedule
- Provide specialized help

#### Overhead C: 1993 U.S. AIDS Definition

On January 1, 1993, a new case definition of AIDS became official after two years of study and debate. The former definition, which was put in place in 1987, depended on documentation of one of a number of opportunistic infections. Anyone who suffered from one of these infections and who was also HIV-positive was considered to have AIDS. The list was derived from the infections suffered by patients who became sick with AIDS during the early 1980s, when AIDS was thought to be limited to gay men. Health officials were unaware of the extent of HIV disease among women and injection drug users at the time. Therefore, many of the conditions found in these populations were not included in the official list of opportunistic infections.

The new definition measures the condition of the immune system based on the CD4 (T-cell) count. It includes anyone who is HIV-positive and who has ever had a documented T-cell count of less than 200, even if their current count is more than 200. This is still not a perfect definition, but it will capture far more people whose immune systems are beginning to weaken. In addition, anyone who has one of the original indicator diseases will continue to be diagnosed with AIDS, no matter what the person's T-cell count.

Since some people become very ill and even die from infections at T-cell counts above 200, the CDC has added three new opportunistic infections to their original 1987 list:

- 1. recurring bacterial pneumonia
- 2. active pulmonary tuberculosis
- 3. invasive cervical cancer

This new definition is important because it helps women and injection drug users gain access to services and treatments. Also, because the government makes decisions about funding for care, education, and prevention based on the number of AIDS cases, a clearer understanding of who is affected helps target spending according to need.

## 1993 U.S. AIDS Definition

### HIV infection plus:

- Any condition from 1987 definition
- T-cell count below 200
- Pulmonary tuberculosis
- Recurrent pneumonia
- Invasive cervical cancer

#### Overheads D and E: HIV Antibody Tests and Test Results

The most common way to determine if a person is infected with HIV is through a process developed in 1985 that tests for antibodies to the virus. Antibodies are proteins that the body makes in response to the presence of an invading microbe. Ordinarily, the antibodies are strong enough to fight off the microscopic invader. The antibodies store information about a microbe in their chemical memories. If they are confronted by the same invading organism in the future, the antibodies "remember" that they have dealt with this kind of threat successfully once and can do so again with ease. This is not true for HIV.

There are two standard tests used to detect the presence of HIV antibodies in a person's blood. The initial screening is a sensitive test called ELISA (enzyme-linked immunosorbent assay). The ELISA looks for HIV antibodies in the person's blood. If the blood sample tests negative on the ELISA, the test results are considered negative. If the ELISA test results are positive, the ELISA is repeated. If the repeat ELISA test is positive, a confirmatory test, most often the Western Blot, which looks for other protein components of HIV, is performed on the same sample of blood. If the result of the Western Blot test is positive, the person is considered to be HIV-positive.

Occasionally, the Western Blot results are reported as "inconclusive" or "indeterminate." If this happens, the person should wait four weeks and be retested. If the results from the retest are still indeterminate, the person should wait another four weeks and repeat the entire process. If the results are still indeterminate, an antigen test, one that looks for the presence of the virus itself, should be performed. There are several reasons why an indeterminate result may occur. The test kit could be defective, the person may have another auto-immune disease, the person may be seroconverting, or the person is already symptomatic for HIV disease.

When the ELISA-Western Blot testing sequence is performed by a reputable laboratory, the results are almost 100% accurate. However, the quality control in different laboratories varies, and technical errors do occur. On rare occasions, an uninfected person may be reported to be infected, that is, reported as a "false positive." If the person has had little risk of being exposed to the virus and believes that the test results are inaccurate, this person should be retested using a new sample of blood.

"False negative" results can occur also. If a person's last exposure to HIV was less than six months before being tested, there is a possibility that the test results could be inaccurate. It takes our bodies four weeks to six months (for some people it may take a year) to mount an antibody response to HIV; therefore, a person who has been exposed to HIV less than six months before being tested must be retested six months following the negative test results. To ensure the accuracy of the test results the second time, the person must refrain from engaging in any risky behaviors.

Under usual circumstances, testing is not an emergency procedure. Testing should be voluntary and based on informed consent. There are some exceptions to this convention, such as the military, the foreign service, the Peace Corps, VISTA, and prison, where testing is sometimes mandatory.



# HIV Antibody Tests

- ELISA
- Western Blot

## HIV Antibody Test Results

- HIV antibody positive
- HIV antibody negative
- Indeterminate

#### Overhead F: HIV Spectrum Disease

This transparency presents one model of HIV spectrum disease: a continuum of infection ranging from asymptomatic HIV positivity on one end to life-threatening opportunistic infections on the other.

The left side of the continuum indicates the stage at which a person has been infected with HIV. At this point, the body mounts a measurable antibody response to HIV, the primary infection. When the initial infection occurs, the person may experience some mild flu-like symptoms that quickly dissipate. The symptoms of the primary infection are often so mild that the infected person either does not notice them at all or simply forgets about them. At this stage, the person infected is already capable of transmitting the infection to other people.

The middle section of the continuum represents the symptomatic stage of HIV infection. In the early days of HIV and AIDS, this stage was known as AIDS Related Complex, or ARC. Mild problems begin to surface that indicate the virus is beginning to compromise the immune system. The most notable of these are lymphadenopathy, a swelling of the glands, and oral thrush or oral candidiasis, a fungal infection that occurs in the mouth. Women may also experience candidiasis in the vagina. It is important to remember, though, that these same symptoms can have many other causes and do not, by themselves, mean that someone is infected with HIV.

The right side of the continuum represents full AIDS or opportunistic infections. There is a lengthy list of these opportunistic infections, each of which has its own set of symptoms and course of illness. These infections seize the opportunity and work toward overwhelming a compromised immune system.

The following resources offer more detailed information on HIV:

- AIDS Caregiver's Handbook, Ted Eidson
- AIDS Treatment News (Volumes 1 and 2), John S. James
- The Guide To Living With HIV Infection, John G. Bartlett, M.D., and Ann K. Finkbeiner
- HIV+: Working the System, Robert A. Rimer and Michael A. Connolly
- The Invisible Epidemic: The Story of Women and AIDS, Gina Corea

Additional information about these items is found in the print resources section.

## HIV Spectrum Disease

#### Overhead G: Modes of HIV Transmission

This transparency presents the ways in which HIV has been documented to be transmitted. Transmission is restricted to three modes that have not varied since the beginning of the epidemic.

The first mode of transmission is the exchange of infected blood, semen, or vaginal or cervical secretions. It doesn't matter whether the sexual act occurs between two men, a man and a woman, or two women. What matters is that one of these infected fluids must get from the body of one partner into the bloodstream of the other partner for transmission to occur.

The second mode of transmission is injection of infected blood or blood products into one's bloodstream. This may occur by sharing drug-injection equipment, which includes needles, syringes, cotton, cookers, and water. In the past, before the HIV antibody test was used to screen the blood supply, and before treatments for hemophilia, such as Factor VIII, were heat treated, transfusions and hemophilia treatments were also vectors of transmission. Although it rarely happens today, it is still technically possible for an infected unit of blood to slip through the system if an infected donor has not had time to produce antibodies to the virus before donating blood. The screening of blood donors is one way of attempting to prevent this.

Medical procedures involving blood, such as transfusions and infusions, are a possible means of transmission for health care providers. Instruments used for tattooing or ritual scarring, especially in prison, are also possible means of transmission.

The third mode of transmission is from an infected mother to her fetus in the womb or during the birthing process. It is also possible for an infant to be infected by breast milk. This rarely occurs in the United States.

## Modes of HIV Transmission

- Unprotected sexual intercourse
- Blood injection from:
  - Shared needles or works
  - Transfusion with infected blood
  - Tattooing, ritual scarring, piercing
- Mother to child

#### Overheads H, I, J: Myths of Transmission

These transparencies are intended to generate discussion about common misperceptions of HIV transmission. Although people can easily become infected if they engage in unprotected sexual activities or share drug-injection equipment, study after study has confirmed that AIDS is not casually transmitted and that there is no risk of infection from participating in normal daily activities, whether in the home or in the office.

AIDS is transmitted in three ways:

- 1. unprotected sex with someone who is infected;
- 2. sharing needles or other drug-injection equipment with someone who is infected;
- 3. exposure before, during, or following birth.

There is no evidence to indicate that you can contract HIV just by being around someone who is HIV-positive—sharing office space, cooking utensils, telephones, public transportation, public showers, public toilets, or drinking fountains. You cannot contract the virus from touching or hugging someone who is HIV-positive or from being bitten by mosquitoes or other insects. Mosquitoes are not able to replicate the virus in their systems. If mosquitoes or other insects could transmit HIV, the demographic distribution of AIDS cases would be very different from what it is today. Most people with AIDS are between the ages of twenty and fifty. If mosquitoes or other insects could transmit the virus, there would be large numbers of cases of HIV among the very young and the very old. This has not happened.

It might be helpful for the trainer to say "You cannot get AIDS from" the various means listed on the transparencies, just to be certain that the word *myth* does not cause any confusion.

The following articles from the *New England Journal of Medicine* deal with casual contact transmission:

Friedland, G. H., and R. S. Klein, Transmission of the Human Immunodeficiency Virus. *New England Journal of Medicine* 317: 1125–35.

Friedland, G. H., Risk of HTLV-III/LAV Infection to Household Contacts. *New England Journal of Medicine* 315: 258.

Friedland, G. H., et al., Lack of Transmission of HTLV-III/LAV Infection to Household Contacts of Patients with AIDS or AIDS-Related Complex with Oral Candidiasis. *New England Journal of Medicine* 314: 344–49.

# Myths of Transmission (I)

- Working with infected people
- Casual physical contact
- Sharing office equipment

# Myths of Transmission (II)

- Donating blood
- Using public toilet
- Coughing or sneezing

# Myths of Transmission (III)

- Mosquitoes
- Swimming pools
- Handling common objects

#### **Handouts**

The materials in this section can be photocopied and distributed to trainees. You may want to include photocopies of the transparencies used in the training to facilitate note-taking. Additional handouts may be developed by the consultant or provided by local resource organizations. A list of clinics, support groups, and organizations that provide HIV services in the district where the training program is conducted would be especially helpful.

Loose copies of all handouts are provided with this guide to make photocopying easier.

#### **AIDS Issues: Worksheet\***

1.	If someone at your workplace had AIDS, do you think that the disease could spread to others? If so, how? Mark each of the following ways in which you think it is possible to contract the HIV virus.
	<ul> <li>From a worker in the cafeteria.</li> <li>Using the same telephone, water fountain, or office equipment.</li> <li>Having unprotected sex with the infected person.</li> <li>Drinking out of the same cup.</li> <li>Giving or receiving CPR.</li> <li>Bandaging a co-worker's cut.</li> <li>Sharing office space for an extended period of time.</li> </ul>
2.	If you found out that an employee had AIDS, which of the following actions would you take as his or her supervisor?
	Tell my manager or supervisor.  Ask the person how he or she got it.  Fire the person.  Transfer the person.  Tell other people in the department.  Tell the personnel and medical departments.  Ask the person if he or she is able to continue working.
3.	Which of the following do you think are valid reasons for firing a person with AIDS?
	The person is too sick to do the job. Complaints from co-workers. Complaints from customers. The person is likely to cost the company a lot of money in health care in the future. The person might spread the disease at work.
4.	Which of the following do you think are valid reasons for transferring a person with AIDS?
	Pressure from co-workers. A request from the person with AIDS. The person "looks sick" and is in a position where client contact is required. The person is too sick to do the job effectively.
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<sup>\*</sup> MTI Film and Video. *AIDS: The Workplace and the Law.* 1988 (FJC Media Catalog No. 2472-V/88). Reproduced from the leader's guide to the videotape with the permission of the publisher.

5.	Mark : HIV v	any of the following situations in which you would be in favor of testing for the irus.
	<u></u>	Test all current employees. Test all prospective employees. Test all prospective employees who seem to be "at risk" (i.e., homosexuals, drug abusers, hemophiliacs, etc.). Test employees who are entering training programs or being groomed for high-level positions.

## AIDS Issues: Feedback\*

1. If someone at your workplace had AIDS, do you think that the disease could spread to others?

The threat of spreading AIDS through normal workplace activities is virtually nonexistent. Because the virus is fragile, there is no threat from any of the following:

- From a worker in the cafeteria.
- Using the same telephone, water fountain, or office equipment.
- Drinking out of the same cup.
- Sharing office space for an extended period of time.

Because the following may involve exposure to blood or other bodily fluids, there is a remote possibility of exposure to AIDS or another blood-borne disease such as Hepatitis B. Even if you are exposed to infected blood, that blood must get into your bloodstream for the HIV virus to spread. The chance of catching AIDS from any of the following is extremely low. Please note that the precautions listed here should be used whenever exposure to blood is likely, regardless of whether the individual "might have" AIDS.

- Giving or receiving CPR. A device called an "ambu-bag" further protects against exposure.
- Bandaging a co-worker's cut. Include disposable rubber gloves in your workplace first-aid kit. Clean up any spilled blood with a diluted solution of household bleach and water (1 part bleach to 10 parts water).
- Having unprotected sex with an infected person is the only item listed on the
  worksheet that poses a real threat of infection The other main source of
  infection is sharing an intravenous needle with an infected person. Neither of
  these is a "normal workplace activity."
- 2. If you found out that an employee had AIDS, which of the following actions would you take as his or her supervisor?
  - Tell my manager or supervisor. It is a good idea to consult with someone else, confidentially, before you take any action. A confidential consultation with your manager is probably not a breach of the person's right to privacy.

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- Ask the person how he or she got it. How the person acquired the disease has no relevance to the job, medical treatment, or anything else, unless the person claims to have contracted AIDS on the job.
- Fire the person. Firing someone simply because he or she has AIDS is illegal and unnecessary. Rather than "protecting" the company, you are increasing the chance of a lawsuit.
- Transfer the person. The person may request a transfer to a less physically demanding position or to one that involves less contact with the public. Such a transfer is considered "reasonable accommodation" and is a good idea. Transferring the employee against his or her will, however, is probably a violation of the employee's rights.
- Tell other people in the department. There is no medical reason for telling coworkers. Unless the employee specifically requests that co-workers be told, telling others would be a serious breach of confidentiality.
- Tell the personnel and medical departments. The personnel and medical departments may need to know about the employee's condition to help the employee plan for medical benefits, time off for treatment, and other accommodation.
- Ask the person if he or she is able to continue working. This is a valid
  question because it has a direct bearing on job performance. An employee
  may be reluctant to ask for accommodation out of fear of losing his or her job.
  Make sure the employee knows that he or she is entitled to accommodation
  and plan what that might be.
- 3. Which of the following do you think are valid reasons for firing a person with AIDS?

In most jurisdictions, none of the following is considered a valid reason for firing a person with HIV:

- Complaints from co-workers.
- Complaints from customers.
- The person is likely to cost the company a lot of money in health care in the future.
- The person might spread the disease at work.

An employer is not required to keep an employee who cannot perform the job. In most cases, however, the employer is required to make "reasonable accommodation" for an employee who has HIV infection but is still capable of performing the job with such accommodation.

- 4. Which of the following do you think are valid reasons for transferring a person with AIDS?
  - A request for transfer from the person with AIDS is usually considered "reasonable accommodation" and should be honored.
  - Pressure from co-workers is not considered a valid reason for transferring an employee against his or her will.

When an employee becomes ill or begins to look ill, he or she will often agree voluntarily to a transfer. In general, it is a bad idea to transfer an employee against his or her will. Working out a "reasonable accommodation" is both legal and compassionate.

- 5. Mark any of the following situations in which you would be in favor of testing for the HIV virus.
  - Test all current employees.
  - Test all prospective employees.
  - Test all prospective employees who seem to be "at risk."
  - Test employees who are entering training programs or being groomed for high-level positions.

Medical, legal, and business experts agree: testing at the workplace serves no useful purpose and could create serious legal problems for the employer. Test results cannot be used as the basis for employment or benefit decisions, so testing should not be done in any of these situations.

# Sample HIV Policies\*

The following policies illustrate the comprehensive, proactive stance taken by many employers. A policy may address AIDS specifically or in the context of other life-threatening diseases. These policies are included only as examples of what other employers have done. Consult your legal counsel, medical department, and health authorities before creating a policy for your organization.

# Wells Fargo Bank (From the Supervisor's Handbook) Summary

Wells Fargo is committed to maintaining a healthy work environment by protecting the physical and emotional health and well-being of all employees in the workplace. The Bank also has a continuing commitment to provide employment for physically handicapped people who are able to work. Wells Fargo's Acquired Immune Deficiency Syndrome (AIDS) policy is a direct outgrowth of those commitments. It provides guidelines to manage employees or situations when a question of AIDS or ARC arises. There are three major points:

- Wells Fargo employees who are diagnosed with AIDS, ARC or HIV related
  medical conditions may continue to work if they are deemed medically able to
  do so, and can meet acceptable performance standards. The Bank will provide
  reasonable job accommodations if necessary to enable these employees to
  continue working.
- Wells Fargo provides AIDS education for all employees to help them understand how AIDS, ARC and other HIV conditions are spread and to reduce unrealistic fears of contracting these conditions.
- Wells Fargo developed and updates its AIDS policy in consultation with recognized medical experts from the San Francisco Department of Public Health, the Department of Occupational Health at San Francisco's Pacific Presbyterian Medical Center, and the U.S. Department of Health and Human Services Centers for Disease Control in Atlanta.

## **Supervisor's Responsibilities**

- Be sure to keep absolutely confidential any information you may have about the medical condition and medical records of an employee with AIDS, ARC or another HIV condition. Wells Fargo's policy is to protect employee privacy by keeping any personal information confidential, but it is especially important to safeguard sensitive medical information.
- If you learn that an employee has been diagnosed with AIDS, ARC or another HIV condition, or if an employee requests job accommodations because of the

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condition, immediately consult Employee Assistance Services [EAS]. If necessary, EAS will ask the employee to obtain a written medical opinion that he or she is able to work. The doctor must specify in writing any reasonable job accommodations necessary for the employee to continue working, based on his or her medical condition. EAS has the right to select a medical expert and obtain a second opinion.

- Work with EAS and your personnel officer to arrange job accommodations that are deemed medically necessary for an employee diagnosed with one of these conditions. The Employee and Retiree Relations Department can advise about accommodations. They could include a modified work schedule or a transfer to a different job. If the employee is unable to meet performance standards even with job accommodations, consult EAS.
- Help employees in your unit learn about AIDS by asking EAS for the AIDS
  Education Program. Some people have fears about contracting these
  conditions based on misinformation about how they are spread. The AIDS
  Education Program provides accurate medical information to alleviate these
  fears and teach preventive measures. EAS will also provide confidential
  medical consultation to all employees.
- If a healthy employee refuses to work with an employee diagnosed with AIDS, ARC or another HIV condition, immediately consult with EAS. The healthy employee will be asked to provide a signed statement from his or her doctor that a job change is medically indicated. If a medical order is provided, your personnel officer will help you expedite a transfer or other work accommodation. If a medical order is not provided, normal transfer procedures should be followed.

## **BankAmerica**

### **Assisting Employees with Life-Threatening Illnesses**

BankAmerica recognizes that employees with life-threatening illnesses including but not limited to cancer, heart disease, and AIDS may wish to continue to engage in as many of their normal pursuits as their condition allows, including work. As long as these employees are able to meet acceptable performance standards, and medical evidence indicates that their conditions are not a threat to themselves or others, managers should be sensitive to their conditions and ensure that they are treated consistently with other employees. At the same time, BankAmerica has an obligation to provide a safe work environment for all employees and customers. Every precaution should be taken to ensure that an employee's condition does not present a health and/or safety threat to other employees or customers. Consistent with this concern for employees with life-threatening illnesses, BankAmerica offers the following range of resources available through Personnel Relations:

- Management and employee education and information on terminal illness and specific life-threatening illnesses.
- Referral to agencies and organizations which offer supportive services for lifethreatening illnesses.

• Benefit consultation to assist employees in effectively managing health, leave and other benefits.

#### Guidelines

When dealing with situations involving employees with life-threatening illnesses, managers should:

- 1. Remember that an employee's health condition is personal and confidential, and reasonable precautions should be taken to protect information regarding an employee's health condition.
- 2. Contact Personnel Relations if you believe that you or other employees need information about terminal illness, or a specific life-threatening illness, or if you need further guidance in managing a situation that involves an employee with a life-threatening illness.
- 3. Contact Personnel Relations if you have any concern about the possible contagious nature of an employee's illness.
- 4. Contact Personnel Relations to determine if a statement should be obtained from the employee's attending physician that continued presence at work will pose no threat to the employee, co-workers or customers. BankAmerica reserves the right to require an examination by a medical doctor appointed by the Company.
- 5. If warranted, make reasonable accommodation for employees with life-threatening illnesses consistent with the business needs of the division/unit.
- 6. Make a reasonable attempt to transfer employees with life-threatening illnesses who request a transfer and are experiencing undue emotional stress.
- 7. Be sensitive and responsive to co-worker's concerns, and emphasize employee education available through Personnel Relations.
- 8. No special consideration should be given beyond normal transfer requests for employees who feel threatened by a co-worker's life-threatening illness.
- 9. Be sensitive to the fact that continued employment for an employee with a life-threatening illness may sometimes be therapeutically important in the remission or recovery process, or may help to prolong that employee's life.
  - 10. Employees should be encouraged to seek assistance from established community support groups for medical treatment and counseling services. Information on these can be requested through Personnel Relations or Corporate Health.

# **Medical Issues Across the Spectrum of HIV Disease**



# **Psychosocial Issues Across the Spectrum of HIV Disease**



# **HIV-Associated Dementia Complex**

- A. Cognitive Functions
  - 1. Forgetfulness and loss of concentration
  - 2. Slowed processing of information
  - 3. Impaired attention
  - 4. Sequencing problems
- B. Behavioral
  - 1. Withdrawal
  - 2. Irritability
  - 3. Apathy
- C. Motor or Movement
  - 1. Slowing
  - 2. Unsteady gait
  - 3. Weakness
  - 4. Poor Coordination
  - 5. Handwriting change
- D. Affective
  - 1. Depression
  - 2. Hypomania

## **Late Man ifestations**

- A. Cognitive Functions
  - 1. Severe memory loss
  - 2. Word-finding problems or speech arrest
  - 3. Severe attention and concentration problems
  - 4. Poor judgment
- B. Behavioral
  - 1. Withdrawal
  - 2. Disinhibition
  - 3. Impetuousness
- C. Motor or Movement
  - 1. Incontinence
  - 2. Paraplegia
  - 3. Spasticity
  - 4. Marked slowing
- D. Affective
  - 1. Depression
  - 2. Psychosis
  - 3. Mania

## **Coping with HIV**

The following guidelines were developed for caregivers, but may also be useful to others who are helping an individual cope with HIV or AIDS.

## Redefine the meaning of help

- Accept that you cannot cure or fix the disease, or prevent the dying and death.
- Offer your physical presence and practical assistance without waiting to be asked.
- Offer the individual choices and keep him or her informed.
- Anticipate the holidays and anniversaries and help plan for them, including planning for survivors.

## **Expand the concept of normalcy**

- Respect denial as a temporary defense mechanism.
- Use words like *death*, *dying*, *and suicide* (when appropriate), but be sensitive to timing; respect the temporary normal evasion of reality.

## Acknowledge hidden grief

• Allow the venting of explosive emotions such as anger, hate, blame, terror, resentment, rage, and jealousy. They are an expression of the pain, helplessness, frustration, fear, and hurt caused by loss.

#### **Control**

- Identify areas in which the person can gain control, even in the smallest way.
- Provide accurate information and offer choices and alternatives. Support the decisions made.

## Listen

- Be available to listen to the story over and over again.
- Encourage elaboration of the story by asking about milestones; suggest recollection by using photographs, tapes, diaries, and letters.
- Tolerate, encourage, and validate strong emotions by listening without judging, retaliating, or arguing.

### **Self-disclosure**

- Share personal information only if you have integrated it and are not impinging on the person's time and space to work on your own problems.
- Be aware of your own comfort and discomfort when listening to the person.
- Use anecdotes, poems, and metaphors to validate the person's experiences and emotions.

## **HIV Standard of Care**

The following questions have been asked repeatedly in HIV and AIDS training sessions for court staff:

- What do the various numbers corresponding with CD4 (T4) cell counts mean?
- What is the significance of the various medical tests that an HIV-positive person may need to undergo?
- What medical conditions should be considered when CD4 (T4) levels begin to fall?
- What treatment is available?
- What drugs are available as prophylaxes?
- How can a patient get these drugs?

Studies indicate that the more responsibility HIV-positive patients take for their own health care, the more likely they are to stay healthier longer. People who are living with HIV and AIDS need to remember that they have rights as consumers of medical services and that they should establish a working partnership with their physicians and other caregivers if they wish to live healthier and longer lives.

ACT UP Philadelphia's Science & Medicine Committee has put together a brochure ("Standard of Care"), which is reprinted here in part with its permission, that lists the tests that need to be performed and the treatments and prophylaxes that should be considered when a person tests HIV-positive and when CD4 (T4) cells drop to specific levels.

The "Standard of Care" published in May 1993 is the fourth and most recent version. It is intended as a minimum standard for adult medical care. Children living with HIV and AIDS have different medical needs, and they require another standard tailored to their specific needs, size, and body weight. Standards of care are continually evolving, so it is a good idea to watch for updated information.

Sometimes people living with HIV spectrum disease become obsessed with their CD4 (T4) cell count and worry constantly about what the numbers mean and why they may be going up or down. This tends to increase their level of stress and sets them up for becoming sick. People should remember that these numbers are guidelines and that they frequently change. Sometimes this change is dictated by the time of day they are measured, and sometimes it is dictated by the values used by the laboratory doing the testing. It is more important for the person living with HIV and AIDS to pay attention to the pattern of cell level change than to focus on one specific number. This is another reason to emphasize the importance of an ongoing relationship with a primary health care provider.

Successful survivors with AIDS have discovered this is truly a "Do it Yourself" disease. The following, while not part of the actual Standard of Care, will be useful to persons with HIV disease wishing to take some control over their health. Finding, and keeping, a competent MD with AIDS treatment experience (and a NIKE–Just Do It attitude) may be the single biggest factor in survival. And stick with a medical practice with backup, so you can get care on evenings or weekends.

# Self Monitoring for Opportunistic Infections:

INDICATION	SYMPTOM	ACTION
CMV Retinitis	Very sudden changes in vision; significant increase in number of floaters, distortion or absence of visual areas or fields	Get to an HIV experienced ophthalmologist Use Amsler grid at home for testing
Cryptococcal meningitis	Fever, severe headache, loss of appetite, malaise, nausea, vomiting. Confusion, or memory loss	Consult physician immediately!
MAI/MAC or TB	Fever, chills, malaise, weakness, weight loss, drenching night sweats. Cough is more common in TB; abdominal cramping more common in MAC	Consult physician (NB: Diagnosis is frustrating and takes time.)
Toxoplasmosis	Dull headache, constant. Confusion, paralysis, fever, and neurological difficulties	Consult physician immediately!
Lymphoma	Mild fevers with quick swelling or large lymph nodes, especially localized.	Physician should refer to oncologist
Kaposi's Sarcoma	Flat red to purple lesions appearing anywhere on body; do not blanch when pressed	Physician should refer to dermatologist for biopsy
PCP	Trouble walking up stairs combined with breathing problems, moderate to high fever, fatigue, night sweats	Consult physician immediately!
Diarrhea	Difficult to diagnose precise actual causes	Consult physician if lasts more than two or three days after treatment with Immodium®
Anemia/Neutropenia	Absolute exhaustion, pale washed-out look	Use EPO or Neupogen® to restore

IMPORTANT NOTE: Some symptoms may be drug cross-reactions. *State all drugs being used—and doses—to your doctor*. (Not part of the Standard of Care but possible Useful Adjuncts:)

# Vitamins and Nutritional Supplements

<u>TYPE</u>	<u>DOSE</u>	<u>REASON</u>
NAC (n-acetyl-Cysteine)	600 mg. three times per day, sometimes higher doses	Good anti-oxidant, relieves glutathione deficiency. May be anti-HIV
Vitamin C	2–5 grams per day as ascorbate	Anti-viral and anti-cancer properties unproven
Vitamin supplement	A good all-around vitamin daily	Absorption of vitamins in food is uncertain
Beta carotene supplement	25,000 IU daily	Anti-oxidant; anti-cancer. Raises T count (?)
Zinc	50 mg. supplement daily	Use in immune system; will clear skin problems
Selenium	100 μg. supplement daily	Use in immune system
B vitamins	Extra B vitamin tab daily	May help with neuro problems or anemias
Aerobic exercise	3x 20 minutes per week	Improves immune function
Stress reduction	Meditation or therapy	May improve immune function
Stop smoking cigarettes		May improve immune function
Reduce alcohol and recreational drugs		May improve immune function



ACT UP PHILADELPHIA has developed this information from sources believed to be accurate and reliable. However, ACT UP PHILADELPHIA and the participants on its Science + Medicine Committee take no responsibility for treatment outcomes based on the information contained in this booklet. *ACT UP does not treat patients. Patients must see a trained and competent MD for ongoing partnership in medical care.* We particularly recommend disclosure of all substances and treatments to the MD as even vitamins and supplements can have extraordinary effects on patients when used in combination. Comments, updates, criticisms, should be sent to ACT UP PHILADELPHIA, 201 S. Camac Street, Philadelphia 19107. Attention: S&M Committee—Jonathan Lax. **(215)** 731-1844.

T-4 ABSOLUTE COUNT\*

200-100

<u>INDICATION</u> <u>TREATMENT OR FOLLOWUP</u>

HIV infection Continue therapy if working; switch to other combinations (AZT/DDC or

AZT/DDI); frequent amylase levels if on DDI; watch for anemia if on AZT. Treat anemias with dose reduction or transfusions or EPO

injections; folic acid tabs and B-12 injections can be helpful. Use d4T as a backup. Do not use Alpha Interferon as backup as it can lower T4 count at these levels. *PCP prophylaxis* Bactrim (Double Strength 3x per week) or aerosol pentamidine (with posturing). Add Dapsone to pentam. twice per week as adjunct if previous PCP patient. BACTRIM is now viewed as the

preferred therapy!!!

Use Atovaquone (566c80) as a backup

HPV (women) Pap smear every three months; colposcopy every six months

Candidiasis Treat locally with topicals; fluconazole (safer) or ketoconazole (cheaper)

if refractory

Vaginal candidiasis Vaginal exam every three to six months; treat aggressively with local

clotrimazole cream; fluconazole if refractory

CMV Continue eye exams; start Gancyclovir if proven CMV infection

Toxo Titer once per year; if positive consider pyrimethamine prophylaxis; or

with Bactrim combination (Prophylaxis is as yet unproven)

TB Any suspicion of TB should be X-rayed and cultured; treat very

aggressively with INH and Rifampin, usually along with other drugs

(PZA, etc.)

Office visit Visual exam to include inspection of mouth and skin every 3 months Fevers Identify cause and treat. (Most people use too little Tylenol®)

Treat Immodium; if continues > 2 weeks identify cause and treat aggressively; eliminate milk products. If continues may treat with

Humatin if cryptosporidiosis is suspected

Peripheral Neuropathy Best available treatment is Acupuncture (really!), but some success with

Tegretol or Elvail. Experimentation with gel insoles can be helpful for

feet. Try use of Mexiletine

Dental exam Exam and cleaning every 4–6 months. Fix problems
Nutritional and vitamin Correct deficiencies; add vitamin supplements

Psychiatric Continue therapy and/or support group

<u> 17-4 ABSOLUTE COUNT\* INDICATION TREATMENT OR FOLLOWUP</u>

Diarrhea

HIV Infection Continue combination therapy; high dose Acyclovir (800 TID) also has

survival benefit at these levels

PCP Continue prophylaxis (Bactrim or Pentam with Dapsone). Use

Atovaquone (566c80) as a backup; Trimetrexate with Leucovorin rescue

is being used as a salvage (last ditch) therapy

CMV Use gancyclovir or foscarnet if actual CMV is proven. Eye exam every

three months. Watch for CMV gut problems

Toxo If + prophylax with pyrimethamine, Bactrim or combo

MAI/MAC MAI blood culture every three months. If + treat with clarithromycin or

azithromycin usually with Rifabutin, or traditional multiple drug combination therapies. If wasting occurs, treat for MAI aggressively; consider prophylaxis with Rifabutin, adding clarithromycin or

azithromycin later on

Cryptosporidiosis Aggressive testing and treatment; consider Humatin prophylaxis

Candidiasis Treat aggressively with fluconazole; Sporanox® backup

 $Cryptococcal\ meningitis\quad Treat\ aggressively\ AMP\ B+\ 5FU;\ prophylaxis\ with\ fluconazole.$ 

Prophylax all patients with fluconazole to prevent crypto

HPV (women) Pap smear every three months; colposcopy every six months or if positive

consider aggressive therapy

Wasting Consider treatment for MAI presumptively; also use Megace or Marinol;

consider Trental (TID) prophylaxis

Office visit Monthly to bi-monthly. Treat all other problems aggressively

T-4 ABSOLUTE COUNT\*

#### TESTS TO BE PERFORMED TREATMENT OR INOCULATION

When Patients

## **Test HIV POSITIVE**

T4 count and T8 ration as baseline Repeat every six months if over 500

Anny level of T4 cells Anergy Skin Testing Pneumovax inoculation if not previously Syphilis Test (use MHATP)

All patients Flu shot once per year (October)

All patients

H. Influenza inoculation if not previously
Hepatitis B negative?

If not, consider Hepatitis B vaccination

Baseline Chemscreen

Baseline Toxoplasmosis Titer If positive, follow carefully, monitor for symptoms

Tuberculosis PPD test If positive @5mm., treat one year with INH+ Rifampin

Baseline Ophthalmic eye tests Treat if symptomatic for CMV or other Herpes Zoster outbreak Treat aggressively with Zovirax®

Vaginal exam Every six months. Treat for candidiasis if present.

Topical cream; oral drugs if refractory

Pap smear If positive, immediate colposcopy, otherwise repeat

smears every 3-6 months; if colposcopy is positive,

therapy as appropriate

Baseline dental exam Repair obvious gum and tooth problems

Baseline Psychiatric exam Some new "positives" need treatment for depression
Do your own reading and research Educate yourself for the many decisions to be made

T-4 ABSOLUTE COUNT\*

> 500

<u>TEST</u>

T4/T8 Repeat every six months; take test same time of day;

send to same lab

HPV (women) Continue Pap smear every 3–6 months. If positive,

immediate colposcopy, if this is positive, therapy as

Office visit to primary physician every 4–6 months

TREATMENT OR INOCULATION OR FOLLOWUP

appropriate

Office visit—visual exam to include

inspection of mouth and skin

Dental exam Exam and cleaning every 4–6 months
Psychiatric Continue counseling or join a support group

T-4 ABSOLUTE COUNT\*

500-200

INDICATION

HIV infection Start Anti-retroviral duotherapy with DDI + AZT

Move on to AZT + DDC as next step, use d4T or Alpha

Interferon as a backup

TREATMENT OR FOLLOWUP

T4/T8 tests Every three months—constant time and lab

PCP If < 300 T4 cells, and symptomatic, test for active

infection, by induced sputum test or broncoscopy. If asymptomatic do not begin prophylaxis until T4 cells <

200 or % is below 15%\*

CMV Eye exam immediately if symptoms occur

HPV (women) Pap smear every 3–6 months; colposcopy if +; therapy

if appropriate

Candidiasis (oral, esophageal) Local clotrimazole therapy (Mycelex®); fluconazole

(Diflucan®) or ketoconazole (Nizoral®) if refractory

Dental Twice or 4x year visits; repair longstanding problems.

Expect some mouth ulcers or dry mouth conditions

Skin problems, incl. foot fungus

See dermatologist; treat topically, aggressively

Expect sinusitis problems

Treat aggressively with decongestants, antihistamines.

Take care to have any pneumonia symptoms checked

Nutrition inventory + Chemscreen Treat nutritional deficiencies—counseling and vitamins
Office visit every three months
Treat other problems immediately

Psychiatric Continue therapy or support group

<sup>\*</sup>T4 count is CD4 cell count. Practitioners should also count % of Lymphocytes and treat accordingly. The 20% level is frequently considered a "trigger" for aggressive therapy even if T4 count is over 200. Many physicians consider % as important as absolute T4 count. Delayed Hypersensitivity Skin Tests, which are underadministered in the U.S., are useful as an adjunctive test of immune function.

# Resources

# **Federal Resources**

The following federal agencies may be able to help you in planning your "AIDS in the Workplace" training by providing you with up-to-date information and referring you to resources for further information.

## Bureau of Justice Assistance Clearinghouse

Box 6000 Rockville, MD 20850 (800) 688-4252

## **Centers for Disease Control**

Business Responds to AIDS Resource Service P.O. Box 6003 Rockville, MD 20849-6003 (800) 458-5231 (English and Spanish) (800) 243-7012 (for the deaf and hearing impaired)

#### **Centers for Disease Control**

National AIDS Hotline (800) 342-AIDS (800) 344-SIDA (Spanish) (800) AIDS-TTY (for the deaf and hearing impaired)

## National AIDS Information Clearinghouse

P.O. Box 6003 Rockville, MD 20849-6003 (800) 458-5231 (English and Spanish)

#### **National Institute of Justice**

National Criminal Justice Reference Service P.O. Box 6000 Rockville, MD 20850 (800) 851-3420

### **National Library of Medicine**

Provides three on-line AIDS databases:
AIDSLINE
AIDSDRUGS
AIDSTRIALS
(800) 638-8480 (for a free information packet)

## **United States Department of Justice**

Civil Rights Division
Office on the Americans with
Disabilities Act
P.O. Box 66118
Washington, DC 20035-6118
(202) 514-0301

# **State AIDS Services Offices**

The following is a list of Departments of Public Health, AIDS Program Offices, Disease Prevention Offices, and Sexually Transmitted Disease Control Offices. It is taken from a list compiled by the CDC. The numbers and addresses are current as of June 1, 1993.

Your state office may be able to supply you with brochures and other print materials free or at nominal cost. These agencies frequently serve as a link to other AIDS-related services, including consultants who do HIV training and agencies that provide health care, testing, counseling, and other support services.

### Alabama

Department of Public Health State Office Building, Room 252 434 Monroe Street Montgomery, AL 36130 (205) 242-5095

## Alaska

Epidemiology Office Division of Public Health P.O. Box 240249 Anchorage, AK 99524-0249 (907) 561-4406

#### Arizona

Division of Disease Prevention 3008 N. Third Street Phoenix, AZ 85012 (602) 230-5820

## Arkansas

AIDS Prevention Program 4815 W. Markham, Room 455 Little Rock, AR 72205-3867 (501) 661-2140

### California

Office of AIDS California Department of Health 830 S Street Sacramento, CA 95814 (916) 445-0553 AIDS Office Department of Public Health 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102 (415) 554-9000

Department of Health Services AIDS Program Office 600 S. Commonwealth Avenue Los Angeles, CA 90005 (213) 351-8000

## Colorado

Department of Health 4300 Cherry Creek Drive South Denver, CO 80222 (303) 692-2000

## **Connecticut**

Department of Health Services 150 Washington Street Hartford, CT 06106 (203) 566-2211

#### Delaware

Department of Public Health Jesse Cooper Building Federal & D Streets Dover, DE 19901 (302) 739-4726

## **District of Columbia**

Office of AIDS Activity 1660 L Street, N.W. Washington, DC 20036 (202) 673-7700

## Florida

Health & Rehabilitation Service 1317 Winewood Boulevard Tallahassee, FL 32399-0700 (904) 487-2478

## Georgia

Communicable Disease Bureau 2 Peachtree Street, N.E. Atlanta, GA 30308 (404) 894-5122

## Guam

Department of Public Health P.O. Box 2816 Mangilao, Guam 96910 011-(671) 734-7399

## Hawaii

Department of Health Community Health Nursing Division 1250 Punchbowl Street Honolulu, HI 96813 (808) 586-4131

## **Idaho**

STD/AIDS Program 450 W. State Street Boise, ID 83720 (208) 334-6526

## Illinois

Department of Public Health AIDS Activity Section 160 N. LaSalle Street Chicago, IL 60601 (312) 814-2793

AIDS Project Chicago Board of Health 50 W. Washington, Room 233 South Chicago, IL 60602 (312) 744-4358

### Indiana

State Board of Health 1330 W. Michigan Street P.O. Box 1964 Indianapolis, IN 46206-1964 (317) 633-8520

## Iowa

Department of Health Division of Health Protection Lucas State Office Building Des Moines, IA 50319-0075 (515) 281-6801

## **Kansas**

Department of Health STD Area 109 S.W. 9th Street Mills Building, Suite 605 Topeka, KS 66612 (913) 296-5595

# Kentucky

Kentucky AIDS Project Department of Health Services 275 E. Main Street Frankfurt, KY 40621 (502) 564-4804

## Louisiana

Department of Public Health STD Control Section P.O. Box 60630 New Orleans, LA 70160 (504) 568-5275

## Maine

Department of Human Services State House Station 11 Augusta, ME 04333 (207) 287-3747

## Maryland

AIDS Administration Health & Mental Hygiene 201 W. Preston Street Baltimore, MD 21201 (410) 225-6707

## **Massachusetts**

AIDS Bureau Department of Public Health 150 Tremont Street Boston, MA 02115 (617) 727-0368

# Michigan

HIV and AIDS Prevention Section Bureau of Infectious Disease P.O. Box 30195 Lansing, MI 48909 (517) 335-8399

## Minnesota

Acute Disease Section Department of Health 717 S.E. Delaware Street Minneapolis, MN 55440 (612) 623-5414

## Mississippi

Department of Health AIDS Program P.O. Box 1700 Jackson, MS 32915-1700 (601) 960-7726

#### Missouri

Department of Health AIDS Program P.O. Box 570 Jefferson City, MO 65102-0570 (314) 751-6141

#### Montana

Department of Health AIDS Services Cogswell Building Helena, MT 59620 (406) 444-4740

## Nebraska

AIDS Program Department of Health 301 Centennial Mall South P.O. Box 95007 Lincoln, NE 68509 (402) 471-2937

## Nevada

State Health Division STD Control Section 505 E. King Street, Room 304 Carson City, NV 89710 (702) 687-4804

# **New Hampshire**

Division of Public Health Services Bureau of Disease Control 6 Hazen Drive Concord, NH 03301 (603) 271-4477

# **New Jersey**

Department of Health AIDS Prevention and Control 363 W. State Street Trenton, NJ 08625 (609) 984-6050

## New Mexico

Department of Health AIDS Prevention Program P.O. Box 968 Santa Fe, NM 87501-6110 (505) 827-0006

### New York

Department of Health AIDS Program 125 Worth Street New York, NY 10013 (212) 447-8200

Department of Health 1315 Empire State Plaza P.O. Box 2077 Albany, NY 12220 (518) 474-1689

## **North Carolina**

Communicable Disease Control State of North Carolina P.O. Box 27687 Raleigh, NC 27611-7687 (919) 733-3419

## North Dakota

State Department of Health & Consolidated Laboratories Division of Disease Control 600 E. Boulevard Avenue Bismarck, ND 58505-0200 (701) 224-2378

## Ohio

Department of Health AIDS Activity Unit P.O. Box 118 Columbus, OH 43266-0118 (614) 466-5480

## Oklahoma

Department of Health HIV/STD Services 1000 N.E. Tenth Street Oklahoma City, OK 73117-1299 (405) 271-4636

## Oregon

Health Division/HIV Program 800 N.E. Oregon Street, Suite 745 Portland, OR 97232 (503) 731-4029

## Pennsylvania

Division of Health Promotion P.O. Box 90 Harrisburg, PA 17108 (717) 787-5900

## **Puerto Rico**

STD Control Program P.O. Box 71423 San Juan, PR 00936 (809) 754-8118

## **Rhode Island**

Department of Health Office of AIDS/STD 3 Capitol Hill, Room 105 Providence, RI 02908-5097 (401) 277-2320

## **South Carolina**

Health & Environmental Control 2600 Bull Street Columbia, SC 29201 (803) 734-5000

## **South Dakota**

Department of Health Communicable Diseases 523 East Capitol Pierre, SD 57501 (605) 773-3357

## **Tennessee**

Department of Health AIDS Program C2-221 Cordell Hull Building Nashville, TN 37247-4947 (615) 741-7500

## **Texas**

Texas Department of Health 1100 West 49th Street Austin, TX 78756 (512) 458-7304

### Utah

Bureau of HIV and AIDS Utah Department of Health P.O. Box 16660 Salt Lake City, UT 84116-0660 (801) 538-6096

## Vermont

Department of Health STD Control Section P.O. Box 70 Burlington, VT 05402 (802) 863-7245

## Virginia

Department of Public Health Division of STD/AIDS Room 112 Richmond, VA 23218 (804) 786-6267

## Washington

Department of Health HIV and AIDS Prevention P.O. Box 47840 Olympia, WA 98504-7840 (206) 586-0426

# West Virginia

AIDS Program 1422 Washington Street East Charleston, WV 25301 (304) 558-5358

## Wisconsin

Department of Health HIV Division P.O. Box 309 Madison, WI 53701-0309 (608) 267-9007

## **Wyoming**

AIDS Prevention Program Hathaway Building P.O. Box 2448 Fourth Floor Cheyenne, WY 82002 (307) 777-7953

# **AIDS Services Organizations**

The following is a list of community-based organizations and other AIDS services organizations around the country. Community-based organizations have been on the front lines of the AIDS battle since the earliest days of the epidemic. They are usually staffed by paid professionals and volunteers. In addition to offering education and training, many of these organizations offer case management, alternative housing, hot lines, "buddy" programs, respite service, and legal and other advocacy services. The list is far from complete. The addresses and telephone numbers are current as of June 1, 1993. To locate an organization in your area, you may want to contact your state Department of Public Health.

#### **AIDS Action Committee**

131 Clarendon Street Boston, MA 02115 (617) 437-6200

#### AIDS Atlanta

1438 W. Peachtree Street, N.W. Suite 100 Atlanta, GA 30309-2955 (404) 872-0600

#### **AIDS Action Council**

1875 Connecticut Avenue, N.W. Suite 700 Washington, DC 20007 (202) 986-1300

#### **AIDS Foundation Houston**

3202 Wesleyan Street Annex Building Houston, TX 77027 (713) 623-6796

### AIDS Information Health Crisis Network

1351 N.W. 20th Street Miami, FL 33142 (305) 573-0220

## **AIDS Project Los Angeles**

1313 N. Vine Street Los Angeles, CA 90038 (213) 962-1600

#### AIDS Task Force of Alabama

P.O. Box 55703 Birmingham, AL 35255 (205) 592-2437

#### AIDS Task Force of Winston-Salem

P.O. Box 20983 Winston-Salem, NC 27120 (919) 723-5031

## American Foundation for AIDS Research

733 Third Avenue, 12th Floor New York, NY 10017 (212) 682-7440

### American Indian Health Care Association

245 E. Sixth Street, Suite 499 St. Paul, MN 55101 (612) 293-0233

#### **American Public Health Association**

1015 15th Street, N.W. Washington, DC 20005 (202) 789-5656

## American Red Cross AIDS Education Office

1709 New York Avenue, N.W. Washington, DC 20006 (202) 434-4074

### **Asian AIDS Project**

300 Fourth Street, Suite 401 San Francisco, CA 94107 (415) 227-0946

### **Asian-Pacific Intervention Team**

1313 W. Eighth Street, Suite 224 Los Angeles, CA 90017 (213) 484-0380

#### **Black Coalition on AIDS**

c/o U.R.S.A. Institute 185 Berry Street, Suite 6400 San Francisco, CA 94107 (415) 777-1922

## **Chicago Area AIDS Task Force**

c/o Terry King 300 N. State Street, Suite 4705 Chicago, IL 60610 (312) 467-6370

## Colorado AIDS Project

P.O. Box 18529 Denver, CO 80218-0529 (303) 837-0166

## **Gay Men's Health Crisis**

129 W. Twentieth Street New York, NY 10011 (212) 807-6664

#### **Greater Cleveland AIDS Commission**

614 Superior Avenue West, Suite 300 Cleveland, OH 44113 (216) 781-2944

#### **Haitian Coalition on AIDS**

Haitian Centers Council, Inc. 50 Court Street, Suite 605 Brooklyn, NY 11202 (718) 855-7275

#### HERO

101 W. Read Street, Suite 825 Baltimore, MD 21201 (410) 685-1180

# Howard Brown Memorial Clinic AIDS Action Project

945 W. George Street Chicago, IL 60657 (312) 871-5777

# National Coalition of Hispanic Health & Human Service Organizations

1501 16th Street, N.W. Washington, DC 20036 (202) 387-5000

## **National Minority AIDS Council**

300 Eye Street, N.E. Suite 400 Washington, DC 20002 (202) 544-1076

# National Native American AIDS Hot

3535 Grand Avenue, Suite 100 Oakland, CA 94160 (800) 283-AIDS

## National Native American AIDS Prevention Center

3515 Grand Avenue, Suite 100 Oakland, CA 94610 (510) 444-2051

#### **Sacramento AIDS Foundation**

920 20th Street, 2nd Floor Sacramento, CA 95814 (916) 448-2437

### **San Francisco AIDS Foundation**

25 Van Ness Avenue, Suite 660 San Francisco, CA 94102 (415) 864-4376

## Shanti Project, San Francisco

1540 Market Street San Francisco, CA 94117 (415) 575-3710

### **Whitman-Walker Clinic AIDS Project**

1407 S Street, N.W. Washington, DC 20009 (202) 797-3500

# **Print Resources**

Below is a list of books, journals, and other publications that could be useful in planning AIDS training or as reference materials for employees seeking additional information.

#### AIDS ALERT

American Health Consultants P.O. Box 71266 Chicago, IL 60691-9986

A monthly newsletter that prints basic information about AIDS.

### AIDS and the Law: A Basic Guide for the Nonlawyer

Allan H. Terl, Hemisphere Publishing Corporation, Washington, DC, 1992

This book describes the impact of AIDS and HIV on a number of legal issues. It has been written for the layperson and examines the issues of education, employment, insurance, family law, housing, quarantine, public accommodations, the military, and immigration.

## AIDS and the Law Enforcement Officer: Concerns and Policy Responses

National Institute of Justice National Criminal Justice Reference Service P.O. Box 6000 Rockville, MD 20850

This book provides law enforcement officers with accurate information about AIDS and HIV to allay many of their fears and concerns.

#### AIDS Caregiver's Handbook

Ted Eidson, editor, St. Martin's Press, New York, 1988

This handbook for AIDS caregivers covers various aspects of HIV and AIDS, from the scientific and medical to the psychological and interpersonal. Some of the medical information is a bit dated, but the sections dealing with the psychological and interpersonal aspects continue to make this a worthwhile resource.

### **AIDS: The Drug and Alcohol Connection**

Larry Siegel, M.D., and Milan Korcok, Hazelden Publications, Center City, MN, 1989

This book covers a broad range of AIDS-related issues and the role that chemical dependency professionals, physicians, and other health care professionals have in dealing with the disease. The focus is on chemical dependency treatment and the impact that recovery can have on patients who also have AIDS.

## **AIDS in Probation and Parole**

National Institute of Justice National Criminal Justice Reference Service Box 6000 Rockville, MD 20850

This booklet addresses the issues of epidemiology, transmission, and testing, as they relate to matters of concern to probation and parole officers, such as confidentiality, labor relations, and legal issues.

## **AIDS** in the Workplace

William F. Banta, Lexington Books, New York, 1993

Attorney William F. Banta has written a comprehensive and up-to-date text that deals with the complex ethical and legal issues related to AIDS. Banta explains the rights and responsibilities of employers, employees, and applicants as defined by the Americans with Disabilities Act, OSHA Rules, COBRA, the National Labor Relations Act, the Centers for Disease Control and Prevention, and state and local laws.

## AIDS/HIV Infection and the Workplace: NIDA Workgroup Report

U.S. Government Printing Office Superintendent of Documents Mail Stop SSOP Washington, DC 20402-9328

This booklet presents the findings of a panel of experts convened by the National Institute on Drug Abuse (NIDA) on the topics of HIV and AIDS and drug abuse in the workplace. It focuses on employee assistance programs and human resources issues.

#### **AIDS/HIV Treatment Directory**

American Foundation for AIDS Research (AmFAR) 733 Third Avenue New York, NY 10017

A quarterly directory of clinical trials and experimental treatments for opportunistic infections and related disorders.

#### **AIDS Law Today**

S. Burris, H. L. Dalton, J. C. Miller, and the Yale Law Project Yale University Press, New Haven, 1993

This timely and comprehensive resource provides an accessible assessment of the status of AIDS law in the United States today. Of special interest to managers and supervisors are the chapters on law for non-lawyers, testing, disclosure and the right to privacy, HIV screening, discrimination issues, and private insurance.

## **AIDS Patient Care**

Mary Ann Liebert, Inc. 1651 Third Avenue New York, NY 10130-0060

A bimonthly journal that deals with a host of AIDS-related topics in a down-to-earth, easily understandable way.

#### **AIDS Reference Guide**

Atlantic Information Service (AIS) 1050 17th Street, N.W. Suite 480 Washington, DC 20036

This guide for policy makers is updated monthly and addresses the following subjects:

- caseload trends and economic projections
- global issues
- financing issues
- testing issues
- employment policies and issues
- impact on health care providers
- service delivery models
- social and behavioral research
- implications of treatment advances and vaccines
- education programs and issues
- legal issues and conflict resolution
- legislative, regulatory, and governance issues

## **AIDS Treatment News**

P.O. Box 411256

San Francisco, CA 94707

A biweekly newsletter outlining the most current information on AIDS treatments—those that are approved, those that are experimental, and those that are still in the Federal Drug Administration (FDA) pipeline.

#### **AIDS Weekly**

P.O. Box 830409 Birmingham, AL 35283

A weekly synopsis of worldwide AIDS issues.

#### **And the Band Played On**

Randy Shilts, St. Martin's Press, New York, 1987

This book chronicles the people and politics of the first five years of the AIDS epidemic in the United States.

## **BETA: Bulletin of Experimental Treatment for AIDS**

P.O. Box 2189

Berkeley, CA 94702

A quarterly journal of the latest AIDS medications and clinical trials.

## Circle of Hope: Our Stories of AIDS, Addiction and Recovery

Perry Tilleraas, Harper & Row, New York, 1990

Perry Tilleraas presents a collection of stories about recovering drug addicts who are living with AIDS. The book's message is that no matter what our particular disease may be, survival, transformation, and spiritual healing are possible.

## **Early Care for HIV Disease**

Ronald A. Baker, Ph.D., Jeffrey M. Moulton, Ph.D., and John Charles Tighe San Francisco AIDS Foundation, San Francisco, CA, 1991

This book provides useful and needed information about early care for HIV. The text is revised and updated on a yearly basis.

### **FOCUS**

UCSF AIDS Health Project Box 0884 San Francisco, CA 94143-0884

A monthly guide to AIDS research and counseling issues.

## The Guide to Living with HIV Infection

John G. Bartlett, M.D., and Ann K. Finkbeiner, Johns Hopkins University Press, Baltimore, MD, 1991

This book deals with the practical aspects of living with HIV and AIDS and includes perspectives of patients and caregivers.

## "The Hidden Costs of AIDS"

Robert F. Black, Sara Collins, and Don L. Boroughs, *U.S. News & World Report*, July 27, 1992, pp. 49–60

This article details how the astronomical economic and human costs of AIDS may burden the global economy before the year 2000.

#### **HIV and AIDS Surveillance**

Centers for Disease Control OD/OPS/MASO 1/B49, Mailstop A-22 Atlanta, GA 30333

This quarterly publication lists all reported AIDS cases in the United States by age group, exposure category, sex, race, and ethnicity.

## **HIV+: Working the System**

Robert A. Rimer and Michael A. Connolly, Alyson Publications, Inc., Boston, MA, 1993

This guide was written by two AIDS activists, one of whom was diagnosed with AIDS in 1986. The book give advice on how to make the medical and social services systems work effectively for the person living with HIV and AIDS.

## The Invisible Epidemic: The Story of Women and AIDS

Gina Corea, Harper Collins Publishers, New York, 1992

*Invisible Epidemic* relates the story of women and the AIDS epidemic from the first cases of women dying of "pneumonia" during the early 1980s, to the denial of the threat of AIDS to women during the subsequent years, to the disturbing discoveries of the recent past. This book provides readers with a different understanding of the impact of AIDS on women, both the infected and the affected.

## **Legal Aspects of AIDS**

Donald H. J. Hermann and William P. Schurgin, Clark, Boardman & Callaghan Publishing Co., New York, 1991

This text provides legal information on health care, torts, estate planning, housing issues, employment, and health and life insurance.

## "Managing AIDS"

Ron Stodghill II, Business Week, February 1993, pp. 48–52

This article tells how a midlevel executive at Digital Equipment struggled to manage an employee who was living with AIDS. It is the story of how one manager attended to corporate needs while trying to be sensitive to an employee's needs.

## "Nothing Prepared Me to Manage AIDS"

Gary E. Banas, Harvard Business Review, July-August 1992, pp. 26-33

A manager shares his experience of dealing with two employees living with AIDS. He discusses the demands that were placed on everyone involved, the difficult choices he had to make, and, probably most important, the differences and unique challenges of each case.

## PI Perspective

327 Delores Street, Suite 301 San Francisco, CA 94110

A quarterly journal that provides lifesaving strategies of early diagnosis and intervention for HIV-positive individuals and all those who are at risk.

# Video Resources

The following videotapes on AIDS are available for loan to federal judicial branch employees from the Federal Judicial Center Media Library. If you want to use one of these videotapes in a training program, you should order it as far in advance as possible, since there are waiting lists for some titles. There is an order form at the end of the video resources section. Catalog numbers are given before the videotape title.

#### 2471-V/92 AIDS and Attitudes

32 minutes

This videotape takes a look at how attitudes influence our perceptions about AIDS and people with AIDS. It reviews how AIDS is and is not transmitted, discusses recent demographic trends, and tells the story of a co-worker who was supported by his co-workers. The challenges presented to employers by HIV are also discussed. Recommended for general staff.

## 2472-V/88 AIDS: Workplace and the Law

37 minutes

This videotape looks at AIDS from the point of view of managers and supervisors. It reviews common questions about transmission, testing, and confidentiality; provides guidance on developing an AIDS policy; and portrays a supervisor dealing with the anxieties of a group of employees concerned about working with someone with AIDS. The concept of reasonable accommodation is explained and discussed. Recommended for managers and supervisors.

## 2473-V/88 Fact Vs. Fear: AIDS in the Workplace

13 minutes

This short videotape emphasizes the importance of knowing the facts about HIV. It lists several of the most common misconceptions and myths about AIDS and discusses the relevant facts. Recommended for general staff.

## 851-V/87 One of Our Own: A Story About AIDS in the Workplace 30 minutes

This videotape portrays what can happen in the workplace when an employee contracts AIDS. This story helps dissipate the fear among employees that the disease is contagious in the workplace. This fear, though understandable, is unnecessary and affects both morale and productivity. The film also alerts managers and supervisors to the legal issues involved if one of their employees is stricken with AIDS. Recommended for managers, supervisors, and general staff.

# Media Loan Request Form—Photocopy for use

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Mail to Media Library, Federal Judicial Center, One Columbus Circle NE, Washington DC 20002-8003

Note: Items from the Media Library are for loan only to federal judicial system personnel in federal courts.

We would like to thank the following people for their contributions to this project:

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